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ABSTRACT

Incidence rates are critically examined in light of varying definitions of what constitutes elder abuse. It is suggested that the clinician's position of mandatory reporting is an unrealistic response in many cases of elder abuse due to the lack of adequate support services for either the abuser or the elder. Outcome studies are used to support this suggestion. A brief review of policy on this issue charts the decreasing funds available for services. Constitutional rights of elders and infantilization through mandated reporting are addressed. The suggestion is made to policymakers and clinicians to concentrate their efforts not on finding cases of abuse, but rather doing something once they are found. (Author)

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Elder Abuse: What's A Clinican To Do

Submitted for SPSSI program at the Ninety-Seventh Annual Convention of the American Psychological Association

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ABSTRACT:

Incidence rates are critically examined in light of varying definitions of what constitutes elder abuse. It is suggested that the clinician's position of mandatory reporting is an unrealistic response in many cases of elder abuse due to the lack of adequate support services for either the abuser or the elder. Outcome studies are used to support this suggestion. A brief review of policy on this issue charts the decreasing funds available for services. Constitutional rights of elders and infantilization through mandated reporting are addressed. The suggestion is made to policy makers and clinicans to concentrate their efforts not on finding cases of abuse but rather doing something once they are found.

The most frequently cited statistics place the range of elder abuse between 500,000 and 2.5 million cases per year (Pedrick-Cornell and Gelles, 1982). This range is considered low by many researchers who believe that such figures represent only a fraction of the actual number of cases of abuse of older persons (e.g. Costa, 1984; Powell and Berg, 1987).

Giordano and Giordano (1984) in a review of the literature on elder abuse examined categories of abuse (including active or passive neglect and self-neglect, financial exploitation, violation of rights, and physical and psychological abuse), incidence of abuse, and characteristics of the typical abused person. Also addressed in the literature are descriptions of the characteristics of the abusers (Powell and Berg, 1987), socioeconomic status of the abused person (Cash and Valentine, 1987), the contexts in which abuse generally occurs i.e. within the family system (Bookin and Dunkle, 1985) or in an institutional setting such as a nursing home (Tarbox, 1983), incidence of abuse in minority populations (Hall, 1986), and of course, methodologies for detecting and assessing abuse in the elderly (Kallman, 1987; Beth Israel Hospital Elder Assessment Team, 1986).

While there would appear to be a dirth of information surrounding this phenomenon there is in fact a paucity. Hirst and Miller (1986) discuss research on the subject of the abuse of the elderly, noting that it is at the stage where child abuse was 20 years ago (i.e. that a substantial amount of data is missing). Powell and Berg (1987) state: "Lack of quality data has led to

statements presented as facts that have no scientific foundation but are used to frame both policy and programs to treat and prevent the abuse of older persons. Particularly lacking are examinations of documented cases that focus on attempts to provide assistance to elderly victims once they have been identified".

It is true that the literature is replete with suggestions for the prevention of neglect and abuse of the elderly (e.g. Douglass, 1983; Holland, Kasraian and Leonardelli, 1987). It is also true as noted by Powell and Berg that the literature is insufficient in documenting attempts to provide assistance to elderly victims once they have been identified as such. If one takes for example the subsection of Ambrogi and London's (1985) paper entitled Constructive Intervention and consider their suggestions one sees that they all may be considered preventitive measures.

It is just this subject of the clinician's response to a clearly identified instance of elder abuse that is the focus of this paper. The absence of published work in this area I will contend is the direct result of a profession confused as to the limits of their responsibilities and demoralized by the realities of current outcomes of reporting such abuse.

By 1985, thirty seven states had enacted some type of mandatory reporting law governing abuse and neglect of older adults (Thobaben and Anderson, 1985). Quinn (1985) and Wolf (1988) both note that state laws vary widely in their definitions of elder abuse and neglect, as well as in the standards they

provide for reporting, in the penalties for failure to report, and in the types of immunity provided for those who do report abuse. For that reason, it is virtually impossible to obtain a national picture from the state data. In most states it is public adult protective services agencies which are mandated to receive these reports.

Mandatory reporting has been hailed by some authors as the absolutely essential first step in stopping and preventing abuse. But as Ambrogi and London (1985) observe "as valuable as mandatory reporting is, it is clearly inadequate without the concomitant provision of support services for both the abused elder and the family caregiver". But what in fact happens as a result of mandated reporting is often not what the clinician may consider the provision of support services.

Ambrogi and London (1985) say that mandatory reporting laws can lead to the abuser being punished, and that in some cases that is just what should happen. Yet even in states with specific legal sanctions against elder abuse, little court-related activity has been found to take place. Powell and Berg (1987) for instance in their study found no evidence that those who abuse the elderly are being prosecuted.

In addition those abusers characterized by Ambrogi and London (1985) as "stressed caregivers" for whom punishment is often "inappropriate" do not receive the provision of support services. According to these authors "at present most states do not have the support services to intervene in a constructive way...If support services are not available, then mandatory reporting will be a cruel hoax, creating an expectation that cannot be met".

Without the provision of these services to aid the caregiver and the elder the routing of the abused elder to an institutional placement becomes more likely, and is often done against the individual's wishes. "Elders may consider the alternative of nursing home placement much worse than the abuse they are suffering. Yet their refusal to accept 'reasonable' services may be viewed as proof of impairment warrenting involuntary assistance, institutionalization and/or guardianship proceedings. May elders would prefer living at home in the midst of a known abusive situation rather than move to an unknown 'safe' situation...The fear of having one's home and what little independence one may still enjoy taken away may rationally lead the elder to prefer remaining in the status quo, bad as it may be" (Ambrogi and London, 1985).

In the view of observers with civil libertarian concerns, says Quinn (1985) mandatory reporting laws force protective services on the frail elderly against their wills and sometimes to their detriment. These observers believe state adult protective services contain so few due process protections for clients that in effect they have become "instruments of oppression" (Regan, 1982). Refer to the dialogue between Hayes and Spring (1988) for an excellent discussion of professional judgement vs. the client's rights to self determination.

For the clinician the most difficult situation of all occurs when an elder who is clearly being abused, and is also deemed capable of making their own decisions asserts his/her right under the law to refuse treatment or assistance. In such cases the (potential) client's basic constitutional rights are to take precedent over the protection services available to them. The clinician is left with a feeling of despair and helplessness and

is prone to wonder as Quinn (1985) does, at what point an elder should be forced, perhaps against his or her will to leave the situation.

It is easy to see how ruminations of this sort may slip into ageism when one considers prevailing societal perceptions of the elderly. Quinn (1985) notes in some states, old age alone is reason enough to impose a guardian. In such situations the clinician is forced to confront his/her own personal feelings, biases and attitudes about violence and the aging family (Bookin and Dunkle, 1985).

Further complicating the decision of the clinician in such cases may be a knowledge of data (Tarbox,1983; Waxman, Klein and Carner, 1985; San Francisco Chronicle, Dec. 1, 1988) which documents neglect and abuse in the nursing home setting itself.

In a special issue of the journal Public Welfare (Spring, 1988) dedicated to "The Vexing Problem of Elder Abuse" is a review by Rosalie Wolf entitled "The Evolution of Policy: A 10-Year Retrospective". The author's conclusion is revealed by a frontice piece which reads "The last decade has seen national elder abuse legislation fail repeatedly".

Wolf faults an uneducated Congress with failing to understand the gravity of the problem of elder abuse at the time when the earliest elder abuse legislation was proposed. Because the issue was relatively new, she says, these lawmakers had to be educated about its importance. But before this education reached its desired goal the Regan era began. "A new administration, a new budget process, and hard economic times had altered the way issues were defined. The Chairmanship of the Subcommittee on

Aging, Family, and Human Services passed to Senator Jeremiah Denton (R-Ala.), a strong opponent of most categorical social legislation. Both Regan administration policymakers and congressional conservatives felt that family problems such as elder abuse were more appropriately addressed by the states than the federal government...It was in this environment that elder abuse came to the national forefront. There was no strong leadership in the Senate to push for legislation, and even the most committed advocates were hampered by the lack of solid research on the topic".

Wolf does an excellent job in tracing the increasing money flow going into research in this area-until 1981. "With the advent of the Regan administration the AoA (Administration on Aging) faced a severe reduction in funds for research, demonstration, and training. In addition, the agency's funding authority was redefined, with monies becoming part of the coordinated discretionary grant program of the Office of Human Development Services (the AoA's parent body). Under these new regulations, elder abuse did not again become a discretionary grant priority area until Fiscal Year 1985".

Despite promises of a "kinder, more gentle nation" we may expect in the years to come to be agreeing with Faulkner's statement, now already six years old, that in a society apparently determined to reduce such essential services as cash payments, health care, food assistance, housing, energy programs, etc., it is at best hypocritical to speak of finding and assisting the victims of domestic abuse (Faulkner, 1982).

Why then do we see statements such as those of Slattery (1988) which make bold assertions such as "The need for long-term care (for the elderly) as an entitlement program can no longer be ignored...Universal coverage is needed for both home and community based services"? Wouldn't it seem that such statements were made from a bubble, ignoring the current realities of service provision and funding? Callahan (1988) puts it bluntly "The financial commitment to elder abuse is not there".

For clinicians, it is Callahan (1988) who brings much needed clarity to the subject. He reminds us: It is fair to say that old people being hit, screamed at, ignored, left in terrible housing situations did not begin with the discovery of elder abuse in the late 1970s when this term became popular in the literature. Those situations existed for a long time...". Callahan warns that a major danger in defining certain behavior as elder abuse is that a self-fulfilling prophecy may be created. In particular he worries that professionals will change their behavior toward situations that formerly might have been called an accident, a family problem, or a mental health problem, but are now called elder abuse. The author is right in reminding us that definitions of behavior help to determine our responses to them. He reminds us that when alcoholism was considered a crime, people went to jail. When it was called a disease, people went to drying out facilities. As clinicians we must remember that there is no universally agreed upon definition at this time of what consititutes elder abuse. The question Callahan asks policy makers, we must ask ouselves "What behavior should be considered as elder abuse, if the term is used at all"?

In answering this question one might do well to consult the review of the prevalence literature by Callahan. Through excellent methodological critique of studies, and by separating out instances of neglect and incapacitation from those of actual physical violence he concludes "By practically all measures, however, elder abuse is a problem of relatively small numbers". He considers that the small number of cases may be an instance of gross under reporting yet cites current research Pillemer and Finkelhor (1988) which confirms the relatively low prevalence of elder abuse and suggests that higher incidence of reporting of neglect is an artifact of the limitations of agency-based research as an epidemiological tool.

Whether as clinicians we want to separate out forms of neglect (some of which can be quite shocking) from clear-cut physical abuse in a definition of elder abuse is one question. When considering our responsibilities under the law though, I believe we cannot ignore Callahan's well made argument.

We must also consider the findings of Salend et al. (1984) who after studying elder abuse reporting statutes in 16 states, reported that the statutes failed to ensure consistent information within or across the state, neglect particularly self-neglect, was more often reported than abuse, and little prosecuting activity was noted. She warned against infantilyzing older persons and concluded: "Perhaps we should take a few steps backward in advocacy of mandatory reporting for a thorough conceptualization of what should be reported and why. In any event, more study of the effectiveness and consequences of existing elder abuse statutes would be desirable" (in Callahan, 1988).

Callahan is right, passing a law will not solve elder abuse. Dejowski (1986) notes in support, that we do not need unfunded reporting laws and laws that provide criminal penalties for persons who fail to report abuse, the problem is not finding the cases but rather doing something when they are found. The advice of these authors should be heeded not only by policy makers, but by clinicians in any consideration of this issue whether it be theoretical or clinical.

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